COVID-19 Template Letter for Patients WITHOUT Direct Exposure

Instructions: This letter is a template and should be modified to meet the facility's needs. This letter can also be adapted to be sent through your patient portal based on the option that is best for communicating with you patients.

Dear [PATIENT NAME]:

We are sending you this letter because you were in the [MEDICAL CENTER NAME, ADDRESS], between [DATE and DATE]. During this time, another individual was in the facility and positive for Coronavirus Disease 2019 (COVID-19). COVID-19 can be spread by people who do not have symptoms and do not know that they are infected; more information can be found on the Center for Disease Control and Prevention's website here: cdc.gov/coronavirus/2019-ncov/your-health/need-to-know.html. All of us at [MEDICAL CENTER NAME] understand this may be frightening and want to assure we are working closely with DC Health to support them in conducting a thorough investigation.

Based on the most current DC Health guidance, you do not need to be tested or undergo self-quarantine based on this exposure. Because COVID-19 transmission remains high in the community, DC Health recommends that you continue to take everyday precautions to prevent the spread of COVID-19 and monitoring yourself for symptoms of COVID-19 such as: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feel unwell. If you develop any of these symptoms, please stay home and contact your healthcare provider for advice.

Please read DC Health's "Guidance for the General Public," found on <u>coronavirus.dc.gov/healthguidance</u>.

As a reminder, DC Health and [MEDICAL CENTER NAME] urges you to protect yourself, your family and others in our community by:

- Practicing social distancing staying 6 feet from people not in your household
- Wearing a mask or face covering
- Washing your hands
- Staying home if you feel sick

We realize that you turn to **[MEDICAL CENTER NAME]** to get better. We want to ensure you that your health is important to us and that we are taking the following steps to keep our facility safe for your continued care:

[ADD PRECAUTIONS FACILITY HAS TAKEN]

If you have any questions, or if there is anything we can do to further assist you, please contact [INSERT NAME OF POINT OF CONTACT FOR FACILITY AND PHONE NUMBER].

Thank you,